**Kim Hechler IGP Seminar – Gulfcoast Schutzhund Club Ft Myers, Inc**

Saturday May 6 – Obedience Sunday May 7 – Protection

Working Spot: \_\_\_\_\_\_ $175.00 Working Spot: \_\_\_\_\_\_\_ $175.00

Audit Spot: \_\_\_\_\_\_ $60.00 Audit Spot: \_\_\_\_\_\_ $60.00

**Total Day 1:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Total Day 2**: \_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly state what you hope to accomplish or work on during this seminar:

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Dog’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dog’s Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rabies expiration date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Release Statement & Waiver of Liability**

I will be fully and solely responsible for the actions of myself, my family and my dog(s) while engaged in any club activities, whether on club property, tracking fields, training grounds, competitions, shows, parades, or any other location.

I will maintain control of and be responsible for the welfare of my dog(s) during all club-related activities.

I hereby waive, release, hold harmless and defend this club, its officers, directors, members, guests, club and third-party trainers/educators, judges, agents, property owners and their successors from and all claims of loss, injury or disease to myself, my family members, my property, or my dog(s) arising directly or indirectly from, or in any way related to, participations in or attendance at any activities of this club whether on or off club property.

To the fullest extent permitted by law, I shall indemnify, hold harmless and defend this club, its officers,

directors, members, guests, spectators, club and third-party trainers/educators, judges, agents, property

owners and their successors and assign from any and all claims of loss, injury or disease to any other

persons, dogs or property arising directly or indirectly from, or in any way related to, the participation of

myself, my family or my dog(s) in, or attendance at, any activities of this club whether on or off club property.

The club has my permission to take and use photographs, videotapes and other recordings of club activities involving myself, my family or my dog(s) for and lawful purpose without compensation and I will abide by club and event rules.

The club hereby disclaims any undertaking to protect personnel property, including vehicles and contents, equipment, cameras and valuables, from loss, theft damage or vandalism and disavows any responsibility for any and all such losses that may occur at any club activity.

By signing this form, I certify that my dog(s) are physically and mentally fit for training, competition, and

contact with the public, dogs and other participants, have current rabies and other vaccinations and are free from all communicable diseases.

Date Print First Print Last Signature

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For any questions, please contact Amy Polsinelli 518-844-1675 or Lisa Pettit 239-292-3164

Please email completed form to GCSCgulfcoastschutzhundclub@gmail.com

Payment can be made via check mailed to : 913 Creighton Dr. Fort Myers, Fl 33919

 Paypal to gcscgulfcoastschutzhundclub@gmail.com

 Zelle to lkuebeck1@msn.com

 Venmo to Gulfcoast Schutzhund Club Inc @gcsc2023

Club use only

Registration completed \_\_\_\_\_\_\_\_\_

Paid entry fees via: Cash \_\_\_\_\_ Check \_\_\_\_\_\_ Paypal \_\_\_\_\_\_ Zelle \_\_\_\_\_\_\_ Venmo \_\_\_\_\_\_

Total collected \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_